First United Methodist Church 165 East Broad St, Cookeville, TN 38501 931-526-2177

Employment Application

It is the policy of the First United Methodist Church to consider all applications without regard to race, religion, color, sex, age, marital status, national origin, disability, Vietnam era or other status.

Please complete all items and print in ink or type.

Position Applied	For:	Date	:			
Date Available: _		Days/Hours P	referred:	Salary R	equirements:	
Referred By:	[] Advertisement	[] Friend	[] Walk In	[] Employment Agency	[] Relative	[] Other/Explain

Personal Data

Name _						
	(last)	(first)	(mi)		(social	security number)
Address						
	(street)		(apt #)		(home t	elephone number)
	(city)	(state)	(zip)		(busine	ss telephone number)
Are you	over the age of 18?	[_] Yes	[_] No	If no, please state	your da	te of birth:
Are you	eligible for employment in	the United States?	[_] Yes	[_] No		
Has any	time restriction been placed	l on your eligibility	for employment i	n the U.S.?	[_] Yes	[_] No
*Note:]	lf hired, you are required	by law to submit j	proof of identity a	and eligibility to w	vork in t	he U.S.
Have you	u ever been employed by th	e First United Met	hodist Church?	[_] Yes	[_] No	If yes, give date(s) and position(s):
Do you h	nave any friends/relative em	ployed at the First	United Methodist	Church? [_] Yes	[_] No	If yes, give names(s)/relationship(s):
Will you	be able to perform the esse	ential functions of t	he job for which y	ou are applying?] Yes	[_] No
Have you	u ever been convicted of a f	elony?	[_] Yes [_] No	If yes, please exp	lain, in d	etail:

*Note: Disclosure of a criminal record will not necessarily disqualify you from employment, as the nature of the offense, date, and the position for which you are applying will also be considered.

Military Service Data

Have you ever served in the U.S. Armed For	ces?	[_] Yes	[_] No	
If yes, give dates of service:	From:		То:	
List special skills/abilities acquired:				

Education Data

Name & Address of School Attended	Dates Attended From To	Type of Degree/Diploma Received or Expected	Major/Minor Fields of Study
High School			
College/University			
Graduate School			
Other			

List any honors or scholarships received:

List professional, trade, business or civic activities and offices held (you may exclude memberships which would reveal sex, race, religion, national origin, age, disability or other protected status):

References

List (with address & phone number) the names of three persons familiar with your character, ability or education for more than one year. Please do not include friends or relatives.

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Employment Record

Please list date of all em	ployment start	ing with your r	nost recent position. Attach a s	eparate sheet if necessary.	
Company Name & Add	ress				
Position/Title/Duties					
Supervisor's Name/Title	/Telephone # _				
Dates of Employment	From:	To:	Starting Salary:	Ending Salary:	
Reason for Leaving:					
Company Name & Addr	ress				
Position/Title/Duties					
Supervisor's Name/Title	/Telephone # _				
			Starting Salary:	Ending Salary:	
Company Name & Add	ress				
Position/Title/Duties					
Supervisor's Name/Title	/Telephone # _				
Dates of Employment	From:	To:	Starting Salary:	Ending Salary:	
Reason for Leaving					
Company Name & Addr	ress				
Position/Title/Duties					
Supervisor's Name/Title	/Telephone #_				
Dates of Employment	From:	То:	Starting Salary:	Ending Salary:	
Reason for Leaving:					

Applicant's Acknowledgment

Permission is granted to First United Methodist Church to conduct an investigation and to solicit information as to my educational and employment history, character and general reputation, and criminal record. I release the First United Methodist Church and all persons or organizations from any liability arising from such statements, their solicitation or use.

I understand that this employment application and any other company documents are not contracts of employment and that any individual who is hired may voluntarily leave or be terminated at any time, with or without cause. If terminated, I authorize the First United Methodist Church to deduct, to the extent permitted by law, any amount which I may owe to the First United Methodist Church from any amount which the First United Methodist Church may owe me. I understand that no representative of the First United Methodist Church has any authority to offer or to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I certify that all statements made by me on this application are true and correct to the best of my knowledge and belief. I understand that any false, inaccurate, or omitted statements of a material fact could be a cause for rejection of my application or termination of my employment at any time.

I have read, understand, and by my signature consent to these statements. I have read and voluntarily signed the attached "ALCOHOL AND OTHER DRUG SCREEN PROGRAM AND CONSENT FORM".

Signature of .	Applicant	Date				
If working more than 25 hours weekly, the cost of the background check will be deducted from your first two paychecks and after one year of continuous employment by First United Methodist Church will be reimbursed.						
Print applicant's full name:						
Print all other names that have been used by applic	ant (if any):					
Date of Birth:						
Social Security Number:						
Driver's License Number:		State Issuing License:				
License expiration date:						
Request sent to: Employment First United Methodist Church 165 East Broad Street Cookeville, TN 38501 Phone: 931-526-2177						

DISCLOSURE FORM

Our church cares about the children and youth in our programs and desires to ensure their safety while they are in the church's supervision. Some state legislatures have helped us assure security for children, vulnerable adults and developmentally disabled people by requiring disclosures by all people who are employed by the local church. The United Methodist Church supports this requirement. Because we care for all God's children, First United Methodist Church joins in asking all staff members to complete this disclosure form.

Please complete the following questions by circling "yes" or "no" on each question. Please attach an explanation for any "yes" answer.

- 1) Have you ever been convicted of a felony? yes___ no___
- 2) Have you ever been convicted of any crime against children or other persons? yes___ no___
- 3) Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor? yes__ no__
- 4) Have you ever been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor? yes__ no__
- 5) A. Have you been convicted of the possession, use, or sale of drugs within the last 7 years? yes___ no ___
 B. Have you been released from incarceration for a conviction of the possession, use, or sale of drugs within the last 7 years? yes___ no___
- 6) Within the past 30 days have you abused alcohol, legal or illegal drugs? yes__ no__
- 7) Has your driver's license been suspended or revoked within the last 7 years? yes___ no___
- 8) Have you ever been convicted of crimes relating to financial exploitation where the victim was a vulnerable adult? yes__ no__
- 9) Have you ever been found by a court in a protection proceeding to have abused or financially exploited a vulnerable adult? yes__ no__
- 10) A. Have you ever been licensed by a licensing board that licenses businesses/professions? (If yes, please answer B. and C.) yes__ no__

B. Have you ever been found by that licensing board, or any other disciplinary board, to have sexually or physically abused or exploited any minor or developmentally disabled person? yes__ no__

C. Have you ever been found by that licensing board or any other disciplinary board, to have abused or financially exploited any vulnerable adult? yes__ no__

11) Other than the above matters, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people, vulnerable adults or developmentally disabled persons? yes___ no___

I certify that the information I have provided is true and correct; if it is found that the answers given are untrue, I understand it may be cause for dismissal.

Signature	Date		
Print name			